

STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION BUREAU OF INSURANCE 34 STATE HOUSE STATION AUGUSTA, MAINE 04333-0034

ALESSANDRO A. IUPPA
SUPERINTENDENT

CONSUMER COMPLAINT CONTACT UPDATE

The Bureau of Insurance maintains a consumer contact database in order to efficiently and correctly contact companies regarding consumer complaints. Please use this form to notify the bureau each time the information changes.

Please note that you are required to keep the Bureau updated, in writing, if any of this information changes throughout the year.

Address for: Health Insurer	Life/Disability Insurer	Property/Casualty Insurer
Please type all information.		
Maine Company License #:	-or-	NAIC Code:
Company Name:		
Company Address: (Cor	ntact Person or Attention Line)	
(Stre	eet or PO Box)	
(City	y, State, Zip Code and 4 digit exte	
Contact Person Phone #:	(Be sure to include Extension	when possible)
Contact Person Fax #:		
Note: Please use this form for any fu	ture changes in your complaint co	ontact information.

Return completed information form to the attention of the appropriate division at the address in our letterhead

